



Eastern Association for the Surgery of Trauma
Advancing Science, Fostering Relationships, and Building Careers

2025 Oriens Resident Winning Essay
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**Combat Operations to Trauma Operations:
Quest for Continuous Improvements in Battlefield Medicine**

Tuesday, 0920, June 1, 2010, Kandahar, Afghanistan: As I reached the top of the ladder and peered over the top of the roof, I could hear bullets snapping just to the left and to the right. Suddenly, a hand reached out to me and yelled, "They are shooting at you." As my teammate pulled me to the expected protection of the roof, I felt a piercing pain over my right upper back. With the gunfire all around, my senses were overwhelmed, yet I knew I had been shot. Would this be a fatal blow? Next to me, my medic lay still. Heavy sniper, machine gun, and RPG fire continued from three directions. On the battlefield, minutes matter. Triage must be effective, efficient, and goal directed. To the best of our abilities and training, we treated my medic, a dear friend, who was struggling to breath from a thoracoabdominal gunshot wound and was lying nearly lifeless on the roof. After performing several treatments for my medic, he was not improving. We did not have blood products and could not operate on him; the best we could do at that time was to evacuate him. We placed my medic's lifeless body on a litter and lowered him off the roof. Bullets take one life, but spare another. This would be his last mission.

However, he was not the only casualty. As the gunfire continued to pin us down on the rooftop, a soldier jumped over obstacles on the rooftop to my location. I quickly assessed him and moments later, the platoon sergeant told everyone to get off the roof. The wounded soldier had been shot in the right arm and chest; a tourniquet and chest seal had been applied. Despite these severe wounds, without hesitation and without assistance, he jumped about 15 feet from the roof to the ground. While waiting for the medical evacuation (MEDEVAC) helicopter, he did not lie on a litter or request any care. He knew his platoon medic required more attention. As I noticed the futility of providing more care for my medic, I turned to him. I provided him with pain medication and performed a needle thoracostomy to relieve a tension pneumothorax. Still, he didn't complain and appeared to be more worried about his platoon medic. When the MEDEVAC landed, he jumped to his feet and ran 50 meters to the MEDEVAC helicopter. I would be the most fortunate of the three, my wound allowed me to stay on the mission and continue providing care for casualties.

As I left the battlefield that day, I left overwhelmingly remorseful, beaten, but relentlessly motivated. To this day, I struggle with and wonder why one of the sniper's bullets caused me only a minor injury, yet another of the sniper's bullets killed my medic. It is truly agonizing to look into the eyes of the parents or spouse of one of your soldiers and tell them that you could not save their son. My medic's death raised questions in my mind. Am I here to do more? What more can I do? Should I be doing something other than this? It wasn't difficult to conclude that I needed to do more. I use his death as motivation to make others and myself better.

In combat, I cared for the countless wounded at the point-of-injury. The vast majority survived and those that died had tragically lethal injuries. The feeling of needing to do more, know more, do better and be better is one that is viscerally related to those who cared for their friends injured on the battlefield. I left the US Army with the sole purpose of becoming a trauma and surgeon. Through the medical school and general surgery residency, the urge to improve care of the wounded has not wavered. My medic's injuries may not have been survivable, but with timely trauma care and future innovations, a significant portion of those who die in combat and civilian trauma could be salvaged. The past 14 years since my medic died have grown my desire to craft my skills and philosophy as a surgeon. I continue to be driven today as much as I was in 2010 in Kandahar to improve outcomes for victims of trauma.